

EMPLOYMENT VERIFICATION FORM

THIS SECTION TO BE COMPLETED BY MEMBER: Check the Pension System to which you now belong:

☐ Public Employees' Retirement System (PERS) ☐ Teachers' Pension and Annuity Fund (TPAF) ☐ Police and Firemen's Retirement System (PFRS)

Name (First, MI, Last) _____ Maiden Name (If applicable) _____

Address _____

Date of Birth (Month, Day, Year) _____ Social Security # _____ Membership # _____

THIS SECTION TO BE COMPLETED BY EMPLOYER (Items 1– 8 and 11 – 14 must be completed for all requests. For leaves of absence items 9 to 11 must be completed.):

The person named on this form is an active member of a retirement system administered by the New Jersey Division of Pensions and Benefits and wishes to purchase additional service credit. To assist this member in establishing additional service credit, please provide the required information below. **Service under the Job Training Partnership Act or the Workforce Investment Act of 1998 must be identified as such.**

1. Name of Employer: _____

2. Payroll Title	3. Date of Hire	4. Date of Permanent Appointment	5. Employment Dates (month/day/year) (Certify each year separately) (Boards of Education use school years)	6. Base Salary Monthly <input type="checkbox"/> Annual <input type="checkbox"/>	7. Substitute Service (# of days)
			From _____ To _____		
			From _____ To _____		
			From _____ To _____		
			From _____ To _____		

8. (BOARD OF EDUCATION CERTIFYING OFFICERS ONLY): Please indicate the number of months in each regular school year: _____

9. Dates for Leaves of Absence	10. Reason for Leaves of Absence (See instructions for #10 and #11)	11. Medical documentation on file? (See instructions)
From _____ To _____		<input type="checkbox"/> YES <input type="checkbox"/> NO
From _____ To _____		<input type="checkbox"/> YES <input type="checkbox"/> NO
From _____ To _____		<input type="checkbox"/> YES <input type="checkbox"/> NO

12. Were the positions listed in Item 2 covered by social security? ☐ YES ☐ NO

13. Was this employee a member of a pension fund while in the position listed in Item 2? ☐ YES ☐ NO

If yes, is this employee receiving or entitled to receive a retirement benefit?

☐ YES ☐ NO

Please give the name and address of the fund's central office.

14. Is the employer a public or private entity? ☐ Public ☐ Private

I hereby certify that the answers and information given are based upon available authentic public records and that they are true and correct to the best of my knowledge and belief.

Employer's
Certifying Signature _____

Title _____

Date _____

Phone # _____

EMPLOYMENT VERIFICATION FORM INSTRUCTIONS

TO BE COMPLETED BY EMPLOYER:

1. **Name of Employer** - Enter the full name of the employer.
2. **Payroll Title** - Enter the payroll title held by the employee.
3. **Date of Hire** - Enter the date on which the employee was hired (MM / DD / YY).
4. **Date of Permanent Appointment** - Enter the date on which the employee received a permanent appointment (MM/DD/YY). (In non-Civil Service jurisdictions, this date is the same as the date of hire.)
5. **Employment Dates** - Enter the beginning and ending dates of employment for each position and also year-by-year employment. For Boards of Education, enter the dates by school year (MM/DD/YY). If additional space is needed, please attach an additional sheet with the information requested in items 2 - 7. (Leaves of absence should be entered only in Items 9 and 10.)
6. **Base Salary** - Enter the annual or monthly base salary earned for each year. Base salary is the contractual salary of the employee. Base salary should **NOT** include bonuses, overtime pay, stipends or longevity pay, sick or vacation time paid in lump-sum. Please check if salary is monthly or annual.
7. **Substitute Service** - Enter the exact number of days of substitute service that the named employee worked during the regular school year, if applicable.
8. **Board of Education Information** - Board of Education Certifying Officers should indicate the number of months in a regular school year for their particular district (*i.e.*, 9, 10, or 11).
9. **Dates for Leave of Absence** - Enter the beginning and ending dates of any leave of absence (MM/DD/YY).
10. **Reason for Leave of Absence** - Enter the reason for each leave of absence. Maternity leave and child-care leave are not the same kind of leave and should be listed separately (see instructions for Item 11).

Important Note: If sections 9 and 10 are not completed properly, the form will be returned and processing will be delayed.
11. If the leave is for personal illness or maternity, indicate whether or not medical documentation is on file for the entire leave. A certification from a physician that a member was disabled due to pregnancy and resulting disability for the period in excess of three months is required. Otherwise, three months is the maximum period of purchase for maternity.
12. **Social Security Coverage** - Check whether the positions that were listed in Item 2 were covered under the provisions of the Federal Old-Age and Survivors Insurance System as defined in Section 218(b)5 of the Social Security Act (FICA).
13. **Pension Fund Verification** - Check whether the employee was a member of a pension fund during any employment listed in Item 2. If yes, please check whether the employee is receiving or entitled to receive a pension based on the employment listed in Item 2. Also, please provide the name and address of the retirement office.
14. **Public/Private Employer** - Check whether the employer is a public or private entity.

— INITIAL ALL ALTERATIONS AND CORRECTIONS —

Signature - Be sure to sign and date the Employment Verification. Unsigned Employment Verifications will be returned. Title and phone number, including area code, are required.

Mail the completed form to:

**Attention: Purchase Section
NJ Division of Pensions and Benefits
PO Box 295
Trenton NJ 08625-0295**

IF YOU HAVE QUESTIONS, CONTACT THE OFFICE OF CLIENT SERVICES AT (609) 292-7524.